Application	or Docket	Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A			-		!	SMALL E	NTITY		OTHER	THAN
ΓŦ	OTAL CLAIRAG	<u>'</u>	(Column 1)		(Colu	(Column 2)		TYPE		OR	•	
TOTAL CLAIMS		12					RATE	FEE]	RATE	FEE	
F	FOR NUMBER FILED		NUMBER EXTRA		·	BASIC FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			12 mii	12 minus 20=		* /		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 m	<i>3</i> minus 3 =		* /		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT						ļ	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2					į	TOTAL	381	OR	TOTAL			
CLAIMS AS AMENDED - PART II OTHER THAI										THAN		
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	CLAINA	=		X43=		OR	X86=	
	<u> </u>	117	JLIIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
	,	/ / /	•				L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)		DDII. FEE (, ,	ADDII. PEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		. =		X\$ 9=		OR	X\$18=.	,
AME	Independent	*	Minus	***	-	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		Ħ	+145=		OB	+290=	
							Ļ	TOTAL		J., L	TOTAL	•
							Al	DDIT. FEE L		OR ,	ODIT, FEE	•
	`	(Column 1) CLAIMS		(Colum		(Column 3)	_	·				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- ΠΟΝΑL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		.	X86=	·
	FIRȘT PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			OR	700-	
• H	the entry in colur	nn 1 is less than th	P entry in colum	nn 2 weite *	'n' in cal·	ıma 3	L	+145=		OR	+290=	
•	with colui	···· · ··· ··· ··· ··· ··· · · · · · ·	- couy no COLUI	E. WILL	O III COIL	mai 3 .		TOTAL		• -	TOTAL	
**	f the "Highest Nur	mber Previously Pai mber Previously Pa	d For IN THIS	SPACE is	less than	20, enter *20.**	AD	DIT. FEE		OR A	DDIT. FEE	